



DEPARTMENTS OF THE ARMY AND THE AIR FORCE
NATIONAL GUARD BUREAU
1411 JEFFERSON DAVIS HIGHWAY
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NGB-ARS

17 April 2001

MEMORANDUM FOR THE ADJUTANTS GENERAL OF ALL STATES,
PUERTO RICO, THE VIRGIN ISLANDS, GUAM, AND THE COMMANDING GENERAL
OF THE DISTRICT OF COLUMBIA

SUBJECT: (All States Log Number P01-0030) Army National Guard (ARNG) Army
Medical Department (AMEDD) Officer Incentive Programs for FY 01-02

1. References:

- a. DoD Instruction 1205.21, 20 September 1999, "Reserve Component Incentive Programs Procedures".
- b. DoD Directive 1205.20, 8 January 1996, "Reserve Component Incentive Programs".
- c. Deputy Chief of Staff For Personnel Memorandum, 3 February 1999, "Selected Reserve Incentive Program Changes Resultant from the National Defense Authorization Act (NDAA) for Fiscal Year 1999 (FY 99)".
- d. Assistant Secretary of Defense (Health Affairs) Memorandum, 24 September 1999, "Reserve Component Wartime Healthcare Specialties with Critical Shortages".
- e. Army Regulation 135-7, 1 September 1994, Incentive Programs.
- f. Title 37, United States Code.
- g. Title 10, United States Code.
- h. DoD 7000.14-R, Volume 7A, 10 February 1999, "DoD Financial Management Regulation (Military Pay, Policy, and Procedures—Active Duty and Reserve Pay)", authorized by DoD Instruction 7000.14, 15 November 1992.

2. Purpose. The purpose of this memorandum is to update policy and provide implementing guidance for the Selected Reserve AMEDD Incentive Programs. It is National Guard Bureau (NGB) policy that incentives be used to attract and retain healthcare professionals possessing or qualifying for training in critical skills needed in wartime and to maintain readiness in the ARNG.

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3. Incentives. The Selected Reserve incentives available to ARNG healthcare professionals include the following programs:

- a. Healthcare Professionals Loan Repayment Program (HPLR).
- b. Healthcare Professional Bonus Program (HBP).
- c. Specialized Training Assistance Program (STRAP).
- d. Healthcare Professional Bonus (Retention)(HPB).

4. Eligibility. Enclosure 1 lists the medical specialties authorized to receive ARNG Medical Incentives. Enclosure 2 list positions that AMEDD officers are authorized to occupy.

a. Personnel are eligible for incentive programs when their position matches the specialty they have received training in. Program participants must remain in a qualifying Area of Concentration (AOC) assignment in order to receive loan repayments, monthly stipend or annual bonus anniversary payments. The ARNG will not offer incentives to personnel assigned to overstrength or excess personnel. Double slotting a qualified officer makes them ineligible, whether they are the primary holder of the slot or are carried as excess.

b. Family Physician (61H), Emergency Physician (62A), Orthopedic Surgeon (61M), and Internal Medicine Physician (61F) may fill a specialty specific vacancy, a 62B Field Surgeon, 60A Operational Medicine, 61N Flight Surgeon position (if going to, or previously attended 61N school), or 05A AMEDD Branch Immaterial position.

c. Internal Medicine includes subspecialties which, based on the Graduate Medical Education Directory, require completion of an Internal Medicine residency prior to subspecialization. These specialties included the following: Gastroenterology, Cardiovascular Disease, Critical Care Medicine, Endocrinology, Geriatric Medicine, Nephrology, Hematology, Hematology & Oncology, Infectious Disease, Pulmonary Disease and Rheumatology.

d. General Dentists are eligible to participate in the HPLR and the Healthcare Professional Bonus Programs (recruiting and retention). They are not eligible for STRAP.

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e. Service members involuntarily transferred between ARNG units, to the Individual Ready Reserve or to an Army Reserve Troop Program Unit (TPU) as a result of force structure changes or force reduction actions may be, if they meet all requirements listed in this letter, eligible to receive the benefits identified under their initial contract.

5. Healthcare Professionals Loan Repayment Program (HPLR).

a. See enclosure 1 for a list of specialties authorized for ARNG Healthcare Incentive Programs.

b. The total amount authorized under section 16302 of 10 U.S.C. Educational loan repayment program, was amended to increase the maximum allowable yearly payment from \$3,000 to \$20,000 and the total amount authorized under this section of law was increased from \$20,000 to \$50,000.

c. Army National Guard officers will serve in the Selected Reserve in order to receive the HPLR. The following guidance will serve as entitlement to the HPLR incentives until an official change is made to AR 135-7 (reference e):

(1) For each year of satisfactory service in the Selected Reserve (50 good retirement points), any DoD authorized student loan(s) will be considered eligible for repayment that: —

(a) Has an outstanding balance on the principal.

(b) Loan secured for at least one year prior to the current anniversary date.

d. Under the HPLR Program, payment in any given year will not exceed \$20,000, or the remaining balance of the student loan, whichever is less. Total program repayments for all years will not exceed the maximum amount of \$50,000 authorized effective 17 October 1998. Applicants will complete both forms DA 5536-R and the Amendment to DA Form 5536-R.

e. Effective with this letter, Healthcare Professionals that entered into the earlier \$20,000 agreement (agreements made prior to 17 October 1998) may reenter into agreement to have the HPLR program pay up to \$50,000 of student loans. Healthcare Professionals that have already completed their initial \$20,000 loan repayment agreement are eligible to increase to the \$50,000 amount. Healthcare Professionals that are currently exercising the \$20,000 contract are eligible to increase to the \$50,000

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amount. The Healthcare professional must understand that this is not an additional \$50,000, and that they will only receive the difference between \$50,000 and what they have already received.

f. The following repayment restrictions apply:

(1) The repayment cannot exceed the outstanding balance of DoD recognized loan(s).

(2) Payments made on previous loan(s) by the borrower cannot be reimbursed.

(3) The agreement (DA Form 5536-R) does not change the officer's obligation to the lender or holder of the note(s).

(4) Loan(s) in default are not authorized for repayment.

(5) If the Healthcare Professional increases the loan repayment amount from \$20,000 to \$50,000, they will execute an amended contract that will start once the current year's anniversary payment is made. Addendum for HPLR contract is at enclosure 3. Payments will be made until either the student loan(s) is (are) retired, or the \$50,000, they will execute an amended contract that will start once the current year's anniversary payment is made. Addendum for HPLR contract is at enclosure 3. Payments will be made until either the student loan(s) is (are) retired, or the \$50,000 ceiling is reached (to include any payments made under the previous \$20,000 program), whichever is the lower amount. Payments will be made to the maximum annual amounts not to exceed the lower of \$20,000 per year or the remaining balance of the student loan. If total repayments are less than \$50,000, the remaining amount may be applied to future student loans that the officer incurs. Taxes are not withheld from payments made to the institution. However, a tax debt is incurred.

(6) Application for repayment of Loans:

(a) It is the individual officer's responsibility to submit DD Form 2475 for repayment on an annual basis.

(b) Application for repayment may be submitted up to sixty days prior to the officer's anniversary date. Repayment will be paid on the anniversary date.

6. The Healthcare Professional Bonus Program.

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a. See enclosure 1 for a list of specialties eligible to receive Bonus under the ARNG Health Incentive Programs.

b. Individuals contracting for the Healthcare Professional Bonus Program for approved ARNG specialties will receive \$10,000 per year. Participants must choose one, two, or three years of affiliation with the ARNG at the time of application. After applicants take their oath of office, they are ineligible to apply for the recruitment bonus. Contracts must be signed prior to taking the oath in order to qualify for the recruitment bonus. See eligibility for Retention Bonus.

c. The following qualifications apply to specialties added with the expansion of the bonus program:

(1) Physician Assistant 65D. Licensure, if required by the State, and the National Commission on Certification of Physician Assistants Certification.

(2) Psychiatry 60W, Family Physician 61H, Internist 61F (to include subspecialties), Orthopedic Surgeon 61M, and Emergency Medicine 62A, must complete residency training and meet all requirements for board candidacy in their specialty.

(3) General Dentist 63A. Licensure by any State.

d. All participants must meet criteria for appointment as a commissioned officer in the Army National Guard of the United States and the Reserve of the Army.

7. Specialized Training Assistance Program (STRAP).

a. The STRAP is available only to ARNG healthcare specialties listed on enclosure 1.

b. All Army Nurse Corps personnel applying for the STRAP must possess a Bachelors of Science Degree in Nursing to be eligible to receive the stipend. They must be in a Master's degree seeking program, resulting in a Master's (or higher) degree in Certified Registered Nurse Anesthesia.

c. The monthly stipend payment is currently \$1020 per month. The monthly stipend increases annually on 1 July by the percentage that the Military Pay increased that year.

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d. Participants must be unconditionally accepted into the educational program or residency, as applicable, for which they seek funding. Applicants must complete all pre-requisites when they submit their application for consideration.

e. Students must attend scheduled ARNG weekend drills for the duration of their authorized stipend phase in accordance with the ARNG Flexible Training Policy or at the discretion of the unit commander.

f. Medical Corps Applicants in dual residency programs are ineligible, unless both programs are on the incentive list at the time of signing of the contract.

g. Statement of Understanding – Army policy currently provides those officers participating in STRAP will not be available to local commanders, or to the Chief, Army National Guard, in meeting mobilization cross-leveling requirements unless the Surgeon General approves such action. In the event of war or national emergency, participants will be subject to order to active duty as required by Headquarters, Department of the Army. In view of the foregoing, your training may be interrupted in order to meet those mobilization requirements described above.

8. Dual Participation in both Strap and HPLR Programs.

a. Effective 17 October 1998, a STRAP participant in training (Stipend Phase commonly referred to as Phase I) may be eligible for the HPLR as follows:

(1) The healthcare professional must not be serving a contractual obligation for an incentive received under another program or serving another obligation by another section of law.

(2) They must meet the eligibility criteria outlined in AR 135-7, paragraphs 7-3a through e. In addition, the applicant must meet the critical shortage requirement authorized by the FY 01-02 ARNG Healthcare Professional Critical Shortage List (Enclosure 1).

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(3) The HPLR and STRAP may be offered at the same time, however, eligible physicians must have completed at least two years of residency training and not be in the obligor phase (Phase 2) of STRAP to receive both incentives. The physician may enroll at the beginning of the third year of residency and receive the first (anniversary) loan repayment one year later.

(4) Nurse Anesthetists with current and continued membership in a TPU will continue receipt of HPLR when they start STRAP. New STRAP participants may start HPLR at any time during the stipend phase. In both cases the STRAP obligation will be extended beyond the HPLR obligation. Addendum to STRAP contract for HPLR and HPB is at enclosure 4. Both Addenda must be completed.

(5) Physicians and nurses eligible for the \$20,000 HPLR (signed the HPLR agreement prior to 17 October 1998) whose HPLR was suspended because they entered the STRAP, may continue receipt of the HPLR. On or after 17 October 1998, a STRAP participant ineligible for the \$20,000 HPLR may be eligible for the HPLR in the amount of \$50,000.

(6) In order to meet the HPLR eligibility requirement, a STRAP participant must agree to extend their STRAP obligation prior to completing the STRAP stipend phase (Phase 1). When utilization of the HPLR results in the extension of the STRAP obligation, a copy of the STRAP Extension Statement enclosure 4 will be enclosed along with DA Form 5685-R and forwarded to Army Reserve Personnel Command, ATTN: ARPC-HS, 1 Reserve Way, St. Louis, MO 63132-5200, for computation of the new start STRAP obligation dates. The enclosed STRAP Extension Statement may be used as a master copy for reproduction on 8 ½ by 11 inch paper. The STRAP Manager must compute all STRAP obligor extensions. EXAMPLE: An officer completes STRAP training on 30 June 2001, however their HPLR anniversary date is not until 12 October 2001; in order for them to receive their HPLR anniversary payment, the officer must agree to extend their STRAP obligation 3 months and 12 days.

(7) STRAP participants whose final HPLR payment is received prior to completion of their specialized training are not required to have their service obligation extended.

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(8) Defense Finance and Accounting Service must be notified when the HPLR incentives are suspended or terminated. In order for the officer to begin serving their STRAP obligation, the HPLR obligation must be removed from the system. This is accomplished through written notification by the healthcare professional to the address in 8(a)(6) above.

9. Dual Participation in Both HPLR and HPB Programs.

a. The HPLR and HPB may be offered and contracted at the same time, in either order. However, payments and the payback time will be consecutive. If the Healthcare Professional fails to contract for both incentives at time of accession (prior to signing the NGB 337), and elects to take HPLR first, they will fall into the Retention Bonus Category.

b. They will then have to meet the requirements listed in item 6 above (Accession) or item 10 below (Retention), to include having their specialty listed on the critical wartime shortage list for the ARNG in the year that they are eligible to apply for the Retention Bonus. **Example:** Physician Assistant (A65D) joins a MTOE unit for the HPLR and HPB. The service member signs the Healthcare Professional Bonus Addendum for three years at \$10,000 per year and the HPLR for three years and chooses to receive the HPLR first. Health Professional will have the first payment made (up to \$20,000) one year from date of contract (anniversary date). The second payment, up to \$20,000, will be paid at the end of second year. The third payment will be the lesser of the remaining amount of the loan or the remaining portion of the \$50,000 total eligibility. At the beginning of the fourth year, eligibility for HPB starts with anniversary payments of \$10,000 (less taxes) for years four, five and six. Regardless of the critical shortage list in three years, the applicant contracted for both incentives while they were eligible. Gross amount to the applicant is \$80,000. Net contractual obligation is 6 years.

10. Healthcare Professional (Retention) Bonus (HPB).

a. The HPB may be used as a retention bonus. In order to qualify, the following conditions must be met:

- (1) Applicant holds an AOC specialty listed in Enclosure 1.
- (2) Applicant is assigned to a valid MTOE/TDA vacancy for their specialty.

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(3) If the applicant initially received the HPB at the time of accession, they are ineligible for the retention bonus.

(4) The HPB may be offered once in any service or in the Selected Reserves of the USAR or ARNG. However, exception to policy requests may be submitted to NGB Office of the Chief Surgeon using the format in the AMEDD Standard Operations

(5) Applicant must be properly credentialed in Centralized Credentials Quality Assurance System (CCQAS) at the U.S. Army Medical Command (MEDCOM) in San Antonio, TX.

(6) Applicant must be a mobilization asset.

(7) The DoD Interservice Physician Assistant graduates do not qualify until they have satisfied their contractual obligation incurred from that training program, and then must meet all other requirements listed in this section.

(8) Applicant's Primary AOC in the Total Army Personnel Database Guard (TAPDB-G replaces SIDPERS) must match their qualifying specialty training.

(9) Applicants who transfer from any service or component of that service must be a member in the ARNG for a minimum of one year, if they are on the critical wartime shortage list for that component and the ARNG. Any transfer from any component or service that is not on the critical wartime shortage list, has no such waiting period imposed. The USAR Shortage list is at enclosure 5.

Example: A Physician Assistant (65D) is not on the USAR shortage list, but is on the ARNG list. The 65D transfer from the USAR would not have to wait. A General Dentist (65D) however, is on both the USAR and ARNG list. This soldier would have to wait one year to receive the retention bonus.

(10) Individuals that join the ARNG from Active Duty (REFRAD), who are otherwise eligible, may receive the Health Professional (Retention) Bonus upon date of National Guard Oath.

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(11) The MRD Restrictions—Applicant must be the number of years below MRD for which they desire to receive the incentive.

Example: The incentive may be offered normally to a qualified professional for three years, \$10,000 per year. If a qualified professional is age 58, Mandatory Removal Date would limit individual to two years of the incentive.

(12) Applicants that have at least 8 years of total service and less than 15 years of commissioned service at the time of application are eligible for the full \$30,000 retention bonus if they meet all of the above requirements. Exception: Applicants who at the time of accession contracted for both HPLR and HPB and opted to take HPLR first, are eligible to receive HPB upon completion of HPLR obligation as stated in Paragraph 9b above. If the applicant fails to contract for both HPLR and HPB at the time of accession and elects to take HPLR only, then they are not eligible for the retention bonus until they satisfy their statutory 8 year Military Service Obligation (MSO) requirements.

(13) Applicants between 15 or more years of commissioned service will be prorated as follows:

- (a) 15 Years of Service will receive \$8,000/year.
- (b) 16 Years of Service will receive \$6,000/year.
- (c) 17 Years of Service will receive \$4,000/year.
- (d) 18 or more Years of Service are not eligible.

a. The STRAP and HPB may not be received concurrently. However, STRAP contractual obligation period may be temporarily delayed in order to receive HPB. The STRAP participants may start HPB at any time during the obligation phase, once their MSO is satisfied.

b. If the STRAP obligor elects to receive the retention bonus, they will execute an amended STRAP contract that extends their STRAP obligation by the number of years that they contract for the HPB. The STRAP payback is suspended during HPB receipt and payback. The STRAP payback continues on the first day following completion of HPB. Enclosure 4 has the STRAP Addendum for HPB and HPLR. It is feasible that a

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physician could qualify for STRAP, then in third year of residency elect for HPLR, and once both HPLR and STRAP payments have ceased, if otherwise eligible as provided for in this letter, and board eligible could then receive HPB.

11. This memorandum expires 30 April 2002, unless sooner rescinded or superseded.

12. Point of contact is COL Michael McCaffery, Chief Surgeon, at DSN 327-7141 or 703-607-7141.

FOR THE CHIEF, NATIONAL GUARD BUREAU:

5 Encls
as


JULIA J. CLECKLEY IG
Colonel, GS
Chief, Human Resources
Army National Guard

CF:

NGB-ARS

NGB-PL

NGB- ARH

Each State IG

Each State Surgeon

ARPERCOM (Incentive Branch)

Each MILPO

Each Senior Army Advisor

Each Recruiting and Retention Manager

Each Medical Recruiter/NCO

NGB-ASM-S

NGB-IG

DAPE-MPA-RP

NGB-ARP-PP

USAREC-RCHS-OP

ARMY NATIONAL GUARD OFFICER HEALTH PROFESSIONAL SPECIALTIES WITH
CRITICAL WARTIME SHORTAGES ¹²

FISCAL YEAR 2001-02

HEALTH CARE PROFESSIONAL BONUS (ACCESSION AND RETENTION)

60W Psychiatry

61M Orthopedic Surgeon

Primary Care

61H Family Practice

62A Emergency Physician

61F Internal Medicine (Subspecialties Listed)

60G Gastroenterologist

60H Cardiologist

61C Endocrinologist

61A Nephrologist

61B Medical Oncologist/Hematologist

61G Infectious Disease

60F Pulmonary Disease

61D Rheumatologist.

66F Anesthetists

65D Physician Assistants

63A General Dentist

SPECIALIZED TRAINING ASSISTANT PROGRAM (STRAP)

60W Psychiatry

61M Orthopedic Surgeon

Primary Care

61H Family Practice

62A Emergency Physician

61F Internal Medicine (Subspecialties Listed)

60G Gastroenterologist

60H Cardiologist

61C Endocrinologist

61A Nephrologist

61B Medical Oncologist/Hematologist

61G Infectious Disease

60F Pulmonary Disease

61D Rheumatologist.

66F Anesthetists (MASTERS OR HIGHER)

¹ Personnel are eligible for incentives, when qualified, only when the position to which they are assigned to and retained in required specialty for which they will receive the incentives.

² Officers in the specialties of 62A, 61H, 61F and subspecialties may fill the specialty specific position of Flight Surgeon or Field Surgeon billet.

HEALTH CARE PROFESSIONAL LOAN REPAYMENT PROGRAM (HPLR)

60W Psychiatry

61M Orthopedic Surgeon

Primary Care³

61H Family Practice

62A Emergency Physician

61F Internal Medicine (Subspecialties Listed)

60G Gastroenterologist

60H Cardiologist

61C Endocrinologist

61A Nephrologist

61B Medical Oncologist/Hematologist

61G Infectious Disease

60F Pulmonary Disease

61D Rheumatologist.

66F Anesthetists

65D Physician Assistants

63A General Dentist

ENCLOSURE 1

³ Officers in these specialties may fill the specialty specific position of Flight Surgeon or Field Surgeon billet.

AUTHORIZED SUBSTITUTABILITY LIST

Position AOC	SPECIALTY DESCRIPTION	Officer's AOC	SUBSTITUTE SPECIALTY DESCRIPTION
01A	Branch Immaterial	Any Officer	Not Restricted to AMEDD Officers, but the only AMEDD officers that can fill these positions are 70 Series and 67J MS officers.
05A	AMEDD Branch Immaterial	Any AMEDD Officer	Restricted to AMEDD Officers ONLY.
60A	Oper. Medicine	Any 60/61/62	All 60/61/62 series specialties
60B	Nuclear Medicine	None	
60C	Prevent. Medicine	60D 61N	Occupational Medicine Flight Surgeon (Aerospace Med Certified)
60J	OB/GYN	None	
60K	Urologist	None	
60L	Dermatologist	None	
60N	Anesthesiologist	None	
60S	Ophthalmologist	None	
60T	Otolaryngologist	None	
60V	Neurologist	60R	Child Neurologist
60W	Psychiatrist	60U	Child Psychiatrist
61A	Nephrologist	None	
61F	Internist	60F 60G 60H 61A 61B 61C 61D 61G 60B 60M	Pulmonary Disease Gastroenterologist Cardiologist Nephrologist Oncologist/Hematologist Endocrinologist Rheumatologist Infectious Disease Nuclear Medicine Allergist/Clinical Immunologist (only if root training was Internal Medicine)
61G	Infectious Disease	None	
61H	Family Physician	62A 62B	Emergency Physician Field Surgeon
61J	General Surgeon	61K 61L 61W 60J 60K	Thoracic Surgeon Plastic Surgeon Peripheral Vascular Surgeon OB/GYN Urologist
61K	Thoracic Surgeon	None	
61M	Orthopedic Surgeon	None	
61N	Flight Surgeon	None	

61R	Diagnostic Radiologist	60B	Nuclear Medicine
		61Q	Therapeutic Radiologist (Completed 61R Residency)
61U	Pathologist	None	
61Z	Neurosurgeon	None	
62A	Emergency Physician	61H	Family Physician
62B	Field Surgeon	Any 60/61/62 Series specialties <u>EXCEPT:</u>	<u>Following may NOT substitute for 62B:</u> 60B – Nuclear Medicine 60N – Anesthesiologist 60U – Child Psychiatrist 60W – Psychiatrist 61Q – Therapeutic Radiologist 61R – Diagnostic Radiologist 61U – Pathologist
63A	Dental Officer	Any 63 series specialties	Any Dental specialties
65D	Physician Asst	Any 60-62 Series except: * <u>Requires approval of NGB-ARS</u>	<u>Following may NOT substitute for 65D:</u> 60B – Nuclear Medicine 60N – Anesthesiologist 60U – Child Psychiatrist 60W – Psychiatrist 61Q – Therapeutic Radiologist 61R – Diagnostic Radiologist 61U – Pathologist
66F	Nurse Anesthetist	60N except: * <u>Requires approval of NGB-ARS</u>	Anesthesiologist
66N	Nurse Admin.	Any 66 Series	All Nursing specialties

AMENDMENT TO DD FORM 5536-R

I understand the maximum aggregate amount of repayments under this agreement has been increased to \$20,000 or the remaining balance of the loans, whichever is less. Total program repayments for all years will not exceed the maximum amount authorized of \$50,000. This is to include any payments made under an earlier HPLR contract executed in part or in full.

I also understand that this special pay is taxable and that taxes are not withheld from payments made to the financial institutions. I have read and understand the agreement outlined in DA Form 5536-R and that this amendment supplements DA Form 5536-R.

NAME OF APPLICANT

SSN

DATE

SIGNATURE OF APPLICANT

OFFICIAL'S SIGNATURE

STRAP EXTENSION STATEMENT
to the
SPECIALIZED TRAINING ASSISTANCE PROGRAM (STRAP)
SERVICE AGREEMENT

I UNDERSTAND THAT BY ACCEPTING THE Health Professional Loan Repayment (HPLR) Program incentive during my specialized training, STRAP stipend phase, that I must extend my STRAP obligation start and completion dates. My STRAP obligation will begin after I have completed my obligation to the HPLR incentive program when receipt of HPLR incentives will extend beyond the completion date of my STRAP stipend phase. I understand my healthcare specialty _____ is currently on the critical specialty list for health professionals and that I must serve in the Selected Reserve and participate satisfactorily in order to gain eligibility for the HPLR Program.

STRAP Participants and current STRAP stipend Participants with suspended HPLR incentives:

I am scheduled to complete my HPLR incentives on _____ (date). I also understand and agree that I will not begin discharging my STRAP obligation until successful completion of the HPLR Program.

STRAP Obligation Start Date: _____ STRAP
Obligation End Date: _____ as established by
the STRAP Incentive Manager.

I understand that this amendment only modifies the start date and completion date of my original STRAP obligation and does not modify any other commitment outlined in the original agreement. I understand that time served in the Selected Reserve for receipt of the HPLR incentives does not count toward my STRAP obligation. I also understand that this special pay is taxable.

I have read and understand the agreement outlined in DA Form 5685-R and that this amendment supplements DA Form 5536-R.

NAME OF APPLICANT	SSN	DATE
SIGNATURE OF APPLICANT	OFFICIAL'S SIGNATURE	
DATE SIGNED	STRAP INCENTIVES MANAGER	

USAR OFFICER HEALTH PROFESSIONAL SPECIALTIES
WITH CRITICAL WARTIME SHORTAGES
FISCAL YEARS 2001 AND 2002

PHYSICIAN

60C Preventive Medicine
60K Urology
60W Psychiatry
61J General Surgery
61K Cardiac/Thoracic Surgery
61M Orthopedic Surgeon
61R Radiology
Primary Care
 61H Family Practice
 62A Emergency Physician
 61F Internal Medicine (Subspecialties Listed)
 60G Gastroenterologist
 60H Cardiologist
 61C Endocrinologist
 61A Nephrologist
 61B Medical Oncologist/Hematologist
 61G Infectious Disease
 60F Pulmonary Disease
 61D Rheumatologist

DENTIST

63A General Dentistry
63N Oral Surgery

NURSE

66F Nurse Anesthetist
66H8A Critical Care Nurse

OTHER SPECIALTY

65D Physician Assistant